Primary Registration District No. Registration District No. DO NOT WRITE AMENDED TLED NOV 5 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY 6. COUNTY VS 300 a. STATE admission) AMENDED Rev. 4/59 b. CITY (If outside corporate Length of stay in 1b c. CITY Inside Limits OR TOWN Jackson lownship TOWN Yes D No 🗷 c. FULL NAME OF (If NOT in hospital, give location) 0300 Incide Limits d. STREET (If cutside, give location) Reside on Farm ш HOSPITAL OR ADDRESS DAT INSTITUTION Yes 🔲 No 🔯 ′esβK″No∏ 3. NAME OF DECEASED First Middle 4. DATE Last Month OF DEATH (Type or print) 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 6. COLOR OR RACE 7. Married T. Never Married [DATE OF BIRTH Months Divorced [] 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY and state or country) during most of working life, every if retired) FOLLOW Mousew 13a, FATHER'S NAME 13b. MOTHER'S MAIDEN NAME NAME OF HUSBAND OR WIFE _ 16. SOCIAL SECURITY NO. Address 15. 'WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, of unknown) | (If yes, give war or dates of servi ARE 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH 10 RECORD IMMEDIATE CAUSE (a) ä 11 NSTEAD Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related deceased there a pregnancy in last 90 days. disease condition given in PART I (a) AMENDMENTS ☐ Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 11 of item 18.) WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE PERFORMED? YES | NO | 20c. TIME OF Hou Month, Day, Year RIBBON INJURY a.m. p.m. USE BLACK INK COUNTY 20f, CITY, TOWN, OR LOCATION STATE 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK I **TYPEWRITER** READ _and last saw him alive on_ 21. I attended the deceased from. m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD 22c. DATE SIGNED 22b. ADDRESS (Degree or title) 9 23a. BURIAL, CREMATION, 23b. DATE AFFIDA Š yn dott TEM

(Licensed Embalmer's Statement on Reverse Side)

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICA

6961 67 NON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body wh	e name is recorded on the reverse side of this certificate was embalmed by	me,
or by	, Student Embalmer No	
working under my personal supervision.	Signed Jerry J Cantla	
Signature of Student Embalmo	Signed Licensed Embalmer No. 5/53 P. O: Address Bullale.	<u></u>

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.